


IT IS SO ORDERED.

Dated: 2 April, 2025 12:51 PM


CHIEF JUDGE JESSICA E. PRICE SMITH
UNITED STATES BANKRUPTCY COURT

IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO

IN RE JASON DICKS

Debtor

CASE No. 25-11336

JUDGE

CHAPTER 11

SUBCHAPTER V

**ORDER GRANTING MOTION TO REDACT PERSONAL IDENTIFIERS, WITH
REDACTED FILING**

Jason Dicks (the “Movant”), under penalty of perjury, declares that the following statements and information are true and correct.

1. A document appearing on the court’s docket report or claims register does not comply with Fed. R. Bankr. P. 9037, and is in need of redaction of personal identifiers found therein.
2. The movant has either docketed the event Motion - Redact in ECF and has paid the filing fee OR has moved for and been granted a waiver of the filing fee.
3. The following checked statement applies:
 - The document to be redacted is the main document of a filing on the court’s docket, appearing as docket entry number 1.

- The document to be redacted is an attachment to a filing on the court's docket, appearing as attachment number _____ to docket entry number _____.
- The document to be redacted is the main document of a proof of claim, appearing on the claims register as claim number _____ - _____.
- The document to be redacted is an attachment to a proof of claim, appearing on the claims register as part number _____ of claim number _____ - _____.

4. A redacted document in conformance with Fed. R. Bankr. P. 9037 is appended to this submission, and except for the redaction of personal identifiers is an exact duplicate of the entire document to be redacted.

5. WHEREFORE, Movant requests that the Court issue an Order granting this motion to redact personal identifiers.

Respectfully submitted,
/s/ Frederic P. Schwieg

Frederic P. Schwieg
Attorney at Law.
19885 Detroit Rd. #239
Rocky River OH 44116-1815
1 (440) 499-4506
fschwieg@schwieglaw.com
Counsel to Debtor, Proposed Counsel to Debtor-in-Possession

IT IS, THEREFORE, ORDERED that:

1. The motion is granted.
2. The Clerk shall restrict access to the unredacted document cited above, and attach the redacted document submitted by the movant to the specified docket event or claim number.

ECF Service
Spencer Lutz on behalf of U.S. Trustee United States Trustee
spencer.lutz@usdoj.gov

Frederic P. Schwieg on behalf of Debtor Jason James Dicks
fschwieg@schwieglaw.com

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF OHIO

Case number (if known)

25-11336

Chapter you are filing under:

☐ Chapter 7

☒ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Jason

First name

James

Middle name

Bring your picture identification to your meeting with the trustee.

Dicks

Last name and Suffix (Sr., Jr., II, III)

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Jay Dicks

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-3056

Debtor 1		Jason James Dicks		Case number (if known)		25-11336	
		About Debtor 1:				About Debtor 2 (Spouse Only in a Joint Case):	
4.		Your Employer Identification Number (EIN), if any.					
		EIN				EIN	
5.		Where you live				If Debtor 2 lives at a different address:	
		13910 Claridon Troy Rd Burton, OH 44021 Number, Street, City, State & ZIP Code				Number, Street, City, State & ZIP Code	
		Geauga County				County	
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.				If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.	
		Number, P.O. Box, Street, City, State & ZIP Code				Number, P.O. Box, Street, City, State & ZIP Code	
6.		Why you are choosing this district to file for bankruptcy		Check one:		Check one:	
		<input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				<input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	
		<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)				<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)	

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☐ Chapter 7
- ☒ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
-
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
-
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
- ☐ Yes.
- | | | | | | |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
-
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☐ No.
- ☒ Yes.
- | | | | |
|----------|------------------------------------|-----------------------|------------------|
| Debtor | Pizzeria Management III LLC | Relationship to you | Affiliate |
| District | ND OH | When | 3/31/25 |
| | | Case number, if known | 25-11334 |
| Debtor | _____ | Relationship to you | _____ |
| District | _____ | When | _____ |
| | | Case number, if known | _____ |
-
11. **Do you rent your residence?** ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☐ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.☒ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ No.☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> No. Go to line 16b. <input type="checkbox"/> Yes. Go to line 17.		
	16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input checked="" type="checkbox"/> Yes. Go to line 17.		
	16c. State the type of debts you owe that are not consumer debts or business debts _____		
<hr/>			
17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>			
18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<hr/>			
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
<hr/>			
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Jason James Dicks**Jason James Dicks**

Signature of Debtor 1

Signature of Debtor 2Executed on **March 31, 2025**
MM / DD / YYYYExecuted on _____
MM / DD / YYYY

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Frederic P. Schwieg, Esq.

Signature of Attorney for Debtor

Date

March 31, 2025

MM / DD / YYYY

Frederic P. Schwieg, Esq. 0030418

Printed name

Frederic P Schwieg Attorney at Law

Firm name

19885 Detroit Rd #239

Rocky River, OH 44116-1815

Number, Street, City, State & ZIP Code

Contact phone **440-499-4506**

Email address

fschwieg@schwieglaw.com

0030418 OH

Bar number & State

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, ending _____ See separate instructions.

Your first name and middle initial **JASON DICKS** Last name _____ Your social security number **3056**

If joint return, spouse's first name and middle initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. _____ **13910 CLARIDON TROY RD**

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code _____ **BURTON, OH 44021**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

☐ You ☐ Spouse

Filing Status ☒ Single ☐ Head of household (HOH)

Check only one box. ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services), or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here... <input type="checkbox"/>						

Income

1a Total amount from Form(s) W-2, box 1 (see instructions) **52,207.**

1b Household employee wages not reported on Form(s) W-2

1c Tip income not reported on line 1a (see instructions)

1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)

1e Taxable dependent care benefits from Form 2441, line 26

1f Employer-provided adoption benefits from Form 8839, line 29

1g Wages from Form 8919, line 6

1h Other earned income (see instructions)

1i Nontaxable combat pay election (see instructions)

1z Add lines 1a through 1h **52,207.**

2a Tax-exempt interest **2a** **b** Taxable interest **2b**

3a Qualified dividends **3a** **b** Ordinary dividends **3b**

4a IRA distributions **4a** **b** Taxable amount **4b** **9,327.**

5a Pensions and annuities **5a** **b** Taxable amount **5b**

6a Social security benefits **6a** **b** Taxable amount **6b**

c If you elect to use the lump-sum election method, check here (see instructions) ☐

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **7** **1,883.**

8 Additional income from Schedule 1, line 10 **8** **18,863.**

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** **9** **82,280.**

10 Adjustments to income from Schedule 1, line 26 **10** **1,333.**

11 Subtract line 10 from line 9. This is your **adjusted gross income** **11** **80,947.**

12 **Standard deduction or itemized deductions** (from Schedule A) **12** **26,355.**

13 Qualified business income deduction from Form 8995 or Form 8995-A **13** **3,506.**

14 Add lines 12 and 13 **14** **29,861.**

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** **15** **51,086.**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for —

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Deduction, see instructions.

Tax and Credits		16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814		16 6,419.	
2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>				17	
17 Amount from Schedule 2, line 3				18 6,419.	
18 Add lines 16 and 17				19	
19 Child tax credit or credit for other dependents from Schedule 8812				20	
20 Amount from Schedule 3, line 8				21 0.	
21 Add lines 19 and 20				22 6,419.	
22 Subtract line 21 from line 18. If zero or less, enter -0-				23 3,598.	
23 Other taxes, including self-employment tax, from Schedule 2, line 21				24 10,017.	
24 Add lines 22 and 23. This is your total tax					
Payments		25 Federal income tax withheld from:		25d 6,760.	
a Form(s) W-2		25a 5,828.			
b Form(s) 1099		25b 932.			
c Other forms (see instructions)		25c			
d Add lines 25a through 25c					
26 2023 estimated tax payments and amount applied from 2022 return				26	
27 Earned income credit (EIC)		27			
28 Additional child tax credit from Schedule 8812		28			
29 American opportunity credit from Form 8863, line 8		29			
30 Reserved for future use		30			
31 Amount from Schedule 3, line 15		31			
32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits				32	
33 Add lines 25d, 26, and 32. These are your total payments				33 6,760.	
Refund		34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34	
35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>				35a	
b Routing number		c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d Account number					
36 Amount of line 34 you want applied to your 2024 estimated tax		36			
Amount You Owe		37 Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions.		37 3,257.	
38 Estimated tax penalty (see instructions)		38			
Third Party Designee		Do you want to allow another person to discuss this return with the IRS? See instructions <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
Designee's name		Stephen Dowdell		Phone no. 440-331-0001 Personal identification number (PIN) 37055	
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.		Your signature		Date	
		Spouse's signature. If a joint return, both must sign.		Date	
		Phone no.		Email address	
Paid Preparer Use Only		Preparer's name		Preparer's signature	
		Stephen Dowdell		Stephen Dowdell	
		Firm's name		Date	
		TA-CHECK TAX SERVICE		PTIN P01937055	
		Firm's address		Check if: <input type="checkbox"/> Self-employed	
		7979 PEARL RD		Phone no. 440-891-1200	
		STRONGSVILLE, OH 44136		Firm's EIN	

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2023)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

JASON DICKS

3056

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	18,863.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	18,863.

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	1,333.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8i from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z.	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	1,333.

Schedule 1 (Form 1040) 2023

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

JASON DICKS

Your social security number

3056

Part I Tax

1	Alternative minimum tax. Attach Form 6251.	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962.	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE.	4	2,665.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137.	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6.	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	933.
9	Household employment taxes. Attach Schedule H.	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required.	10	
11	Additional Medicare Tax. Attach Form 8959.	11	
12	Net investment income tax. Attach Form 8960.	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12.	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares.	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.	15	
16	Recapture of low-income housing credit. Attach Form 8611.	16	

(continued on page 2)

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2023

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount:	17z	
18	Total additional taxes. Add lines 17a through 17z.	18	
19	Reserved for future use.	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	3,598.

Schedule 2 (Form 1040) 2023

VERIFIED STATEMENT UNDER 11 U.S.C. § 1116(1)(B)

Pursuant to 11 U.S.C. § 1116(l)(B) Jason Dicks (the "Debtor"), hereby states under penalty of perjury that no balance sheet, statement of operations or cash flow statement has been prepared for the Debtor and no 2024 Federal tax return has been filed.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

/s/ Jason Dicks

Fill in this information to identify your case:

Debtor 1	Jason James Dicks		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number			
(if known)			

☐ Check if this is an amended filing

B 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

Unsecured claim

1	Joseph T. and Cassie Ciresi 25780 Miles Rd Ste A Bedford, OH 44146	What is the nature of the claim?	Pizza Management III LLC (In bankruptcy)	\$314,257.65
			100 % ownership	
		As of the date you file, the claim is: Check all that apply		
		<input type="checkbox"/>	Contingent	
		<input checked="" type="checkbox"/>	Unliquidated	
		<input checked="" type="checkbox"/>	Disputed	
		<input type="checkbox"/>	None of the above apply	
		Does the creditor have a lien on your property?		
		<input type="checkbox"/>	No	
		<input checked="" type="checkbox"/>	Yes. Total claim (secured and unsecured)	\$314,257.65
			Value of security:	- \$0.00
			Unsecured claim	\$314,257.65

2	Zeppe's Tavern Franchise LLC Attn Cassie Ciresi 25780 Miles Rd Unit A Bedford, OH 44146	What is the nature of the claim?	Franchise and related Fees	\$226,295.88
		As of the date you file, the claim is: Check all that apply		
		<input type="checkbox"/>	Contingent	
		<input checked="" type="checkbox"/>	Unliquidated	
		<input checked="" type="checkbox"/>	Disputed	
		<input type="checkbox"/>	None of the above apply	
		Does the creditor have a lien on your property?		

Debtor 1 **Jason James Dicks** Case number (if known) _____

Contact _____

Contact phone _____

- ☒ No
- ☐ Yes. Total claim (secured and unsecured) _____
- Value of security: - _____
- Unsecured claim _____

3

Joseph T. Ciresi
25780 Miles Rd Ste A
Bedford, OH 44146

What is the nature of the claim? **13910 Claridon Troy** **\$135,596.13**
Rd Burton, OH 44021
Geauga County
PPN 04-093050 Lot 15
(Equifax Value)

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☒ Unliquidated
- ☒ Disputed
- ☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
- ☒ Yes. Total claim (secured and unsecured) **\$148,896.28**
- Value of security: - **\$353,700.00**
- Unsecured claim **\$135,596.13**

Contact _____

Contact phone _____

4

iPlanGroup FBO Christian
Carson
2618 N. Moreland Blvd
Cleveland, OH 44120

What is the nature of the claim? **Accounts. Accounts,** **\$117,000.00**
documents, chattel
paper, instruments,
contract rights,
general intangibles,
choses in action,
Inventory Equipment
and proceeds

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- ☒ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
- ☒ Yes. Total claim (secured and unsecured) **\$117,000.00**
- Value of security: - **\$0.00**
- Unsecured claim **\$117,000.00**

Contact _____

Contact phone _____

5

Rewards Network
Attn: Client Services
540 W. Madison St Ste 3400

What is the nature of the claim? **Personal Liability** **\$108,275.00**
Agreement for Card
Receivables Purchase
with Pizzwewria
Management III

Debtor 1	Jason James Dicks	Case number (if known) _____
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Chicago, IL 60661 _____ _____ Contact _____ Contact phone _____	<p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured) _____</p> <p style="margin-left: 40px;">Value of security: - _____</p> <p style="margin-left: 40px;">Unsecured claim _____</p>
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<div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">6</div> A&A Restaurant Services, Inc 45 Black Willlow St Homosassa, FL 34446 _____ _____ Contact _____ Contact phone _____	<p>What is the nature of the claim? <u>Loan to JD Restaurant for Zeppes Bainbridge Purchase</u> <u>\$100,333.39</u></p> <hr/> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured) _____</p> <p style="margin-left: 40px;">Value of security: - _____</p> <p style="margin-left: 40px;">Unsecured claim _____</p>
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<div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">7</div> Headway Capital Attn: Legal Claim 175 W. Jackson Blvd, Ste 1000 Chicago, IL 60604 _____ _____ Contact _____ Contact phone _____	<p>What is the nature of the claim? <u>loan to JD Restaurant</u> <u>\$53,428.61</u></p> <hr/> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured) _____</p> <p style="margin-left: 40px;">Value of security: - _____</p> <p style="margin-left: 40px;">Unsecured claim _____</p>
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<div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">8</div> Citizen's Bank Commercial Lending Servicing P.O. Box 42004 Providence, RI 02940-2004 _____ _____	<p>What is the nature of the claim? <u>Business LOC to JD Restaurant</u> <u>\$49,980.82</u></p> <hr/> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p>
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Debtor 1	Jason James Dicks	Case number <i>(if known)</i> _____
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<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Contact</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Contact phone</div>	<p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured) _____</p> <p style="margin-left: 40px;">Value of security: - _____</p> <p style="margin-left: 40px;">Unsecured claim _____</p>
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9	Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054	<p>What is the nature of the claim? <u>Credit Card</u> \$14,310.00</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured) _____</p> <p style="margin-left: 40px;">Value of security: - _____</p> <p style="margin-left: 40px;">Unsecured claim _____</p>
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<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Contact</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Contact phone</div>	<p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured) _____</p> <p style="margin-left: 40px;">Value of security: - _____</p> <p style="margin-left: 40px;">Unsecured claim _____</p>
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10	Chase Inc P.O. Box 15298 Carol Stream, IL 60197	<p>What is the nature of the claim? <u>Business Cash Account JD Restaurant</u> \$9,591.46</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured) _____</p> <p style="margin-left: 40px;">Value of security: - _____</p> <p style="margin-left: 40px;">Unsecured claim _____</p>
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<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Contact</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Contact phone</div>	<p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured) _____</p> <p style="margin-left: 40px;">Value of security: - _____</p> <p style="margin-left: 40px;">Unsecured claim _____</p>
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11	Amex Correspondence/Bankruptcy Po Box 981535 El Paso, TX 79998	<p>What is the nature of the claim? <u>Credit Card- JD Restaurant</u> \$6,915.19</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured) _____</p> <p style="margin-left: 40px;">Value of security: - _____</p> <p style="margin-left: 40px;">Unsecured claim _____</p>
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<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Contact</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Contact phone</div>	<p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured) _____</p> <p style="margin-left: 40px;">Value of security: - _____</p> <p style="margin-left: 40px;">Unsecured claim _____</p>
---	---

Debtor 1 Jason James Dicks Case number (if known) _____**12**

Jpmcb
MailCode LA4-7100
700 Kansas Lane
Monroe, LA 71203

Contact _____

Contact phone _____

What is the nature of the claim?

Credit Card\$6,657.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

13

Goldman Sachs Bank USA
Attn: Bankruptcy
Po Box 70379
Philadelphia, PA 19176

Contact _____

Contact phone _____

What is the nature of the claim?

Credit Card\$6,039.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

14

Synchrony/PayPal Credit
Attn: Bankruptcy
Po Box 965064
Orlando, FL 32896

Contact _____

Contact phone _____

What is the nature of the claim?

Credit Card\$5,681.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

15

KeyBank
Attn: Bankruptcy Dept
127 Public Square
Cleveland, OH 44114

What is the nature of the claim?

Credit Card\$4,902.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

No

Debtor 1 **Jason James Dicks** Case number (if known) _____

Contact _____

Contact phone _____



☐ Yes. Total claim (secured and unsecured)

Value of security: _____

Unsecured claim _____

- _____

- _____

16

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

What is the nature of the claim?

Credit Card

\$4,889.00

As of the date you file, the claim is: Check all that apply



Contingent



Unliquidated



Disputed



None of the above apply

Does the creditor have a lien on your property?



No



Yes. Total claim (secured and unsecured)

Value of security: _____

Unsecured claim _____

- _____

- _____

Contact _____

Contact phone _____

17

Discover Financial
Attn: Bankruptcy
Po Box 3025
New Albany, OH 43054

What is the nature of the claim?

Credit Card

\$4,697.00

As of the date you file, the claim is: Check all that apply



Contingent



Unliquidated



Disputed



None of the above apply

Does the creditor have a lien on your property?



No



Yes. Total claim (secured and unsecured)

Value of security: _____

Unsecured claim _____

- _____

- _____

Contact _____

Contact phone _____

18

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

What is the nature of the claim?

Credit Card

\$4,291.00

As of the date you file, the claim is: Check all that apply



Contingent



Unliquidated



Disputed



None of the above apply

Does the creditor have a lien on your property?



No



Yes. Total claim (secured and unsecured)

Value of security: _____

Unsecured claim _____

- _____

- _____

Contact _____

Contact phone _____

19

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

What is the nature of the claim?

Credit Card

\$3,435.00

As of the date you file, the claim is: Check all that apply



Contingent



Unliquidated

Debtor 1 **Jason James Dicks** Case number (if known) _____

- ☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured)
 Value of security: _____
 Unsecured claim _____

Contact _____

Contact phone _____

20

Jpmcb
MailCode LA4-7100
700 Kansas Lane
Monroe, LA 71203

What is the nature of the claim?

Credit Card

\$2,735.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured)
 Value of security: _____
 Unsecured claim _____

Contact _____

Contact phone _____

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Jason James Dicks

Jason James Dicks

Signature of Debtor 1

X _____

Signature of Debtor 2

Date March 31, 2025

Date _____

A&A Restaurant Services, Inc
45 Black Willliow St
Homosassa, FL 34446

Affirm Inc
30 Isabella St FL 4
Pittsburgh, PA 15212

Affirm, Inc.
Attn: Bankruptcy
650 California St, Fl 12
San Francisco, CA 94108

Amex
Correspondence/Bankruptcy
Po Box 981535
El Paso, TX 79998

Atty Gen'l of the United States-Tax
US Dept of Justice Tax Divsn
PO BOX 55, Ben Franklin Stn
Washington, DC 20044

Brian McMahon
Shumaker Loop Kendrick
1000 Jackson St
Toledo, OH 43604

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

Chase Inc
P.O. Box 15298
Carol Stream, IL 60197

Citibank
Citicorp Cr Srvs/Centralized Bankruptcy
Po Box 790040
St Louis, MO 63179

Citizen's Bank
Commercial Lending Servicing
P.O. Box 42004
Providence, RI 02940-2004

Discover Financial
Attn: Bankruptcy
Po Box 3025
New Albany, OH 43054

First Energy
341 White Pond Dr
Akron, OH 44320

Geauga County Auditor
231 Main St Ste 1-A
Chardon, OH 44024

Geauga County Prosecutor
Civil Division
231 Main Street, Suite 3-A
Chardon, OH 44024-1295

Goldman Sachs Bank USA
Attn: Bankruptcy
Po Box 70379
Philadelphia, PA 19176

Headway Capital
Attn: Legal Claim
175 W. Jackson Blvd, Ste 1000
Chicago, IL 60604

Internal Revenue Service
PO BOX 7346
Philadelphia, PA 19101-5016

Internal Revenue Service-CLE
Insolvency Group 6
1240 E 9th St Rm 493
Cleveland, OH 44199

iPlanGroup FBO Christian Carson
2618 N. Moreland Blvd
Cleveland, OH 44120

JD Restaurant Services, Inc.
11110 Kinsman Rd Unit 3
Newbury, OH 44065

Joseph T. and Cassie Ciresi
25780 Miles Rd Ste A
Bedford, OH 44146

Joseph T. Ciresi
25780 Miles Rd Ste A
Bedford, OH 44146

Jpmcb
MailCode LA4-7100
700 Kansas Lane
Monroe, LA 71203

KeyBank
Attn: Bankruptcy Dept
127 Public Square
Cleveland, OH 44114

Newbury Center LLC
c/o Nancy Panzica Stat Agt
735 BETA DR
Cleveland, OH 44143

Ohio Attorney General
Collect Enforce Sect -Bankr
150 E Gay ST Fl 21
Columbus, OH 43215

Ohio Department of Taxation
Attn Bankruptcy Division
PO BOX 530
Columbus, OH 43216-0530

Park National Bank
Attn: Bankruptcy
50 N Third St Pob 3500
Newark, OH 43058

Pizzeria Management III LLC
11110 Kinsman Rd Unit 3
Newbury, OH 44065

RDP Food Service
4200 Parkway Ct
Hilliard, OH 43026

Rewards Network
Attn: Client Services
540 W. Madison St Ste 3400
Chicago, IL 60661

Servicemac, Llc
9726 Old Bailes Road
Fort Mill, SC 29707

Synchrony Bank/Amazon
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Synchrony/PayPal Credit
Attn: Bankruptcy
Po Box 965064
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US Attorney-- ND Ohio
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WebBank
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333 Summer St
Boston, MA 02210

Zeppe's Tavern Franchise LLC
Attn Cassie Ciresi
25780 Miles Rd Unit A
Bedford, OH 44146